	Corresponding Title Numbers. (Detailed International List.)
External causes	**164 to 186**
Food poisonings	164
Other accidential poisonings	165
By solid or liquid poisons	(165)
By absorption of deleterious gases	(168)
Burns (conflagration excepted) (*b*)	167
Conflagration	(166)
Traumatism—	
By fall (*b*)	172
In mines and quarries	173
By machines	174
By "other crushing"	175
On steam-operated roads	175
On electric and other street cars	175
By automobiles	175
By other vehicles	175
Other accidental violence	171, 176, 177, 180, 181, 186
Excessive cold	178
Effects of heat	179
Fractures, sprains, luxations (*c*)	185
All others	187
Suicide and homicide	155 to 163, 169, 170, 182 to 184
Ill-defined diseases and conditions	187 to 189

(*a*) Cases of tetanus are usually of traumatic origin; nevertheless the recognized statistical procedure in mortality statistics is to classify deaths from that cause as deaths from tetanus—not from the form of violence as a result of which tetanus resulted. The exceptions are suicide and homicide.

(*b*) Falls and burns occurring in mines and quarries are classified as mining or quarry accidents; those occurring as a result of a conflagration, are classified under that title. The same classification is applied to railroad, street car, and automobile injuries as well as to injuries by other vehicles.

(*c*) Fractures, sprains, and luxations in mortality statistics are recorded as terminal conditions and the deaths which they cause are charged to the mode of violence in which the fractures, etc., were received. There is no established precedent for morbidity statistics. Inasmuch as morbidity statistics, except for hospitals, are statistics of diagnoses rather than of actual diseases and primary causes, it might be well to classify any given case as fracture rather than, let us say, a street-car accident.

VALUE OF VENEREAL DISEASE CASE REPORTS.

It is believed that much of the progress of the Public Health Service and the State boards of health toward controlling the spread of venereal diseases has been due to the statistics made available by the Army medical examinations. From these examinations and for the first time in the Nation's history accurate data were obtained regarding the national prevalence of these diseases and the localities having the greatest incidence of infection.

Possessed of the venereal disease rates, it became possible to interest all officials in the country by making known the actual facts.

It was no longer a case of conjecture, as authentic information was at hand.

With the end of the war and resulting demobilization of the Army it became necessary to obtain this information from other sources. Most States now have either a statute or State board of health regulation requiring physicians and others to make a report of all cases of syphilis, gonorrhea, and chancroid. When this law was first recommended for adoption, opposition was encountered from some physicians and others who anticipated harmful effects from enforcement of such measures.

Observation of this phase of venereal-disease legislation since enactment fails to disclose the effects anticipated by the opponents of the law. Infected persons have not refused treatment because report of the case by number or name was required. No report has reached the Public Health Service of injustice suffered by any infected person as a result of the case being reported. On the other hand, much good has resulted in officially classifying syphilis, gonorrhea, and chancroid with other dangerous communicable diseases.

In requiring reporting of these diseases no necessity exists for making public the names of persons who have become diseased, and the regulations themselves impress on officials the necessity for secrecy. A stimulus is provided for the patient to continue under treatment until danger of infection is over, in that by so continuing treatment his or her case is not made the subject of subsequent investigation and action. Possibly the best results which follow the reporting of these cases is that in many instances the sources of infection become known and by proper action they can be prevented from further spreading disease and can be required to receive proper care and treatment.

While some States are making strenuous efforts to secure complete reports by physicians treating venereal diseases, the laxity existing in other communities, together with the indifferent or antagonistic attitude assumed by physicians, is a matter of much concern and keen regret to health officers interested in preventing the spread of venereal diseases.

An examination of one argument which physicians advance to exempt them from compliance with the reporting law—namely, the confidential relationship of physician and patient—shows the argument to be without legal merit.

Under the common law, and later under the statutes, protection was extended to the relationship existing between certain parties. The knowledge obtained by virtue of the position of husband and wife, attorney and client, minister and communicant, and physician and patient was regarded with sanctity, and to preserve this status facts which came to the knowledge of one party while standing in the

relationship of physician, minister, attorney, etc., could not be introduced in evidence in court without the consent of the other party. But these restrictions placed on certain parties by virtue of the relationship existing between them apply only to evidence given in court.

All States now require physicians to report to certain authorities the existence of designated contagious diseases. Manifestly it is a poor excuse and no valid defense for a physician who violates the reporting laws to justify his act by a law that does not apply. Protection of the individual is subordinate to the preservation of the public health. Especially is this proper when by providing protection to the community no hardship or injustice is imposed on the infected person.

Several laws have been recommended to the States for adoption which are necessary for success in reducing the incidence of venereal disease. In addition to reporting, brief reference may be made to the laws adopted by many States which forbid the advertisement or sale of venereal-disease nostrums; the advertisements of venereal-disease quacks; the sale of medicines for venereal diseases save on prescription of a physician; and which require the patient to continue under treatment of physician until infectious stage is passed; and give the power of quarantine when necessary, and the right to punish an infected person for exposing any other person to infection.

It is not sufficient to have these suggested laws passed. Without vigorous enforcement they have little value. It should be the policy of the State board of health to stamp out venereal diseases, and to that end enforcement of every law passed should be earnestly attempted.

Physicians will make no objection to the prosecution of a quack who causes his tin signs to be placed in lavatories in violation of the law. The punishment of the nostrum seller who surreptitiously sells a blood specific for the cure of syphilis will be approved, and enforced observance by the patient of the law requiring him to remain under competent treatment while in an infectious condition will be welcomed by physicians as providing protection to the patient and the community.

Why should enforcement of the recent laws stop here? Why should not the physician be required to obey that portion of the law which requires him to report such cases as come to his attention?

It has been said that the physician "must be educated" to the reporting of contagious-disease cases. But for how long should this process of education continue? Until "equality before the law" is a reality? Some State health officers say that no contagious diseases are known to exist in certain communities until the death certificate arrives in the State capital. One health officer states: "One county

reports 10 cases of typhoid fever and 10 deaths from the same disease." Physicians have knowledge of the dangers of syphilis and gonorrhea and should take the leadership in informing the lay public of these diseases which menace the Nation. No class needs less educating on the subject than does the medical fraternity.

Much progress has been made in combating venereal diseases. Millions of dollars have been appropriated by the National Government and the various States for preventing the spread of gonorrhea and syphilis and devising better methods for their cure and prevention. Most States now make free Wassermann examinations, and laboratory facilities are extended without charge to the physicians of such States. Arsphenamine can be purchased practically at cost, and many States provide this drug free to indigent patients.

Considering these achievements, is it requiring too much when the physician is asked to voluntarily obey the law? It would be regrettable, if, to secure complete reports on the prevalence of syphilis and gonorrhea, it should be necessary to take money from clinics and educational funds and expend it in gathering evidence and prosecuting physicians who negligently or purposely become law violators.

By full cooperation of physicians or the strict enforcement of the law in some communities, more complete morbidity statistics indicate a greater prevalence of disease than exists in other communities which appear to be comparatively free from disease because the cases are not being reported. The physician brings about this condition and should recognize his responsibility.

With accurate and complete statistics constantly available as to the progress made in preventing the spread of venereal diseases, recognition will be possible of methods and measures which are successful. Without these facts the task is more uncertain and difficult.

NOTE ON THE HYGIENIC LABORATORY METHOD OF STANDARDIZING DISINFECTANTS.

For the information of those employing the Hygienic Laboratory method of standardizing disinfectants, it seems desirable to call attention to a modification of that method which has been adopted at the Hygienic Laboratory.

The method as described on page 21 of Hygienic Laboratory Bulletin No. 82 calls for a somewhat acid beef extract medium. This medium having proved in some respects unsatisfactory, the following method of preparing the test medium has been substituted:

Place 500 grams of finely chopped round steak in 1,000 cc. of tap water and allow to stand in a cool place for 24 hours. Strain through cheesecloth, by means of a tincture press, until 1,000 cc. are obtained. Heat in streaming steam for one hour. Filter